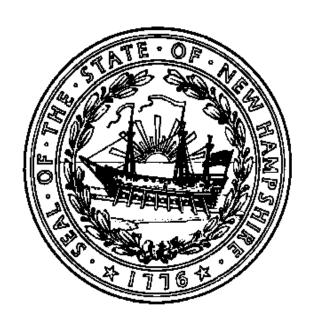
### STATE OF NEW HAMPSHIRE



### **DEPARTMENT OF JUSTICE**

## KELLY A. AYOTTE ATTORNEY GENERAL

# ELECTRONIC ADDENDUM\* TO SUBGRANT APPLICATION KIT

(\*REQUIRES SUBMISSION OF SIGNATURE DOCUMENTS FROM PRIMARY APPLICATION)

# THE STATE OF NEW HAMPSHIRE DEPARTMENT OF JUSTICE GRANTS MANAGEMENT UNIT

#### **MISSION STATEMENT**

The Grants Management Unit of the Department of Justice exists to make a difference in the lives of the citizens of New Hampshire by ensuring the proper use of federal funds for criminal justice purposes. The Grants Management Unit does this through:

- \* the professional administration of grant resources;
- \* the adherence to all underlying federal and state requirements;
- \* the coordination of federal criminal justice resources available to the state; and
- \* efficient service and assistance.

Telephone: 271-8090; E-mail: timothy.brackett@doj.nh.gov; Website: http://www.doj.nh.gov

# APPENDIX A

#### STATE OF NEW HAMPSHIRE

#### **DEPARTMENT OF JUSTICE**

#### FORMULA E-GRANT APPLICATION ELECTRONIC COVER PAGE

| a) | Program Title:         |                  |                               |  |
|----|------------------------|------------------|-------------------------------|--|
| b) | Grant Starting Date:   |                  | c) Ending Date:               |  |
| d) | Program Implementati   | on Date:         | e) Federal Funds Requested \$ |  |
| f) | Agency Name:           |                  |                               |  |
| g) | Chief Elected Official | /Head of Agency* | *                             |  |
|    | Name:                  |                  | Title:                        |  |
|    | Address:               |                  |                               |  |
|    | Telephone:             | Fax:             | E-mail:                       |  |
| h) | Project Director       |                  |                               |  |
|    | Name:                  |                  | Title:                        |  |
|    | Address:               |                  |                               |  |
|    | Telephone:             | Fax:             | E-mail:                       |  |
| i) | Financial Officer      |                  |                               |  |
|    | Name:                  |                  | Title:                        |  |
|    | Address:               |                  |                               |  |
|    | Telephone:             | Fax:             | E-mail:                       |  |

(\*all grant-related documents will be sent to the head of agency unless head of agency requests that they be sent to the project director.)

# APPENDIX B

# New Hampshire Department of Justice Budget Detail Worksheet (20 Points)

| <b>Purpose:</b> The Budget Detail Worksheet may be used as a guide to assist you in the preparation of the budget and budget narrative. You may submit the budget and budget narrative using this form or in the format of your choice (plain sheets, your own form, or a variation of this form). However, all required information (including the budget narrative) must be provided. Any category of expense not applicable to your budget may be deleted. |  |                                  |       |
|---|--|----------------------------------|-------|
| and the percentage of time  | ch position by title and name of employed to be devoted to the project. Compert with that paid for similar work with | nsation paid for employees enga  | -     |
| Name/Position   | Computation  | Federal                          | Match |
| SUB-TOTAL   |  |                                  |       |
| 30 <b>D</b> -101AL  |  |                                  |       |
|   |  | ctual known costs or an establis |       |

| SUB-TOTAL                          |  |
|------------------------------------|--|
| Total Personnel & Fringe Benefits_ |  |

| <b>C. Travel</b> - Itemize travel expenses of project personnel by purpose interviews, advisory group meeting, etc.). Show the basis of computation \$X airfare, \$X lodging, \$X subsistence). In training projects, travel and separately. Show the number of trainees and the unit costs involved. Identicate source of Travel Policies applied, Applicant or Federal Travel <b>Purpose of Travel Location Item Computation</b>  | on (e.g., six people to 3-d<br>I meals for trainees shou<br>entify the location of tra<br>Regulations.                               | day training at ld be listed                                  |
|---|--|---|
| Turpose of Fraver Location Item Computation   | n rederat  | Match   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
| TOTAL   |  |   |
| <b>D. Equipment</b> - List non-expendable items that are to be purchased tangible property having a useful life of more than two years and an accumit. (Note: Organization's own capitalization policy may be used for it Expendable items should be included either in the "supplies" category should analyze the cost benefits of purchasing versus leasing equipment subject to rapid technical advances. Rented or leased equipment costs is category. Explain how the equipment is necessary for the success of the the procurement method to be used. <b>Item Computation</b> | quisition cost of \$5,000 tems costing less than \$3 or in the "Other" categorit, especially high cost it should be listed in the "C | or more per 5,000). ry. Applicants ems and those contractual" |
|   |  |   |
|   |  |   |
|   |  |   |
| TOTAL   |  |   |
| <b>E. Supplies</b> - List items by type (office supplies, postage, training materic equipment items costing less that \$5,000, such as books, hand held tape record (Note: Organization's own capitalization policy may be used for items costing include any materials that are expendable or consumed during the course of the  | ders) and show the basis for less than \$5,000). General   | r computation.  |
| Supply Items Computation  | Federal  | Match   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |

TOTAL\_\_\_\_

| <b>F. Construction</b> - As a may be allowable. Check with                               | rule, construction costs are no | ot allowable. In some case  | es, minor repairs or | renovations     |
|--|---------------------------------|-----------------------------|----------------------|-----------------|
| Purpose Description  |                                 |                             | Federal              | Match           |
| Program category Not Appro   | ved By NH Department of         | Justice                     |                      |                 |
|  |                                 |                             |                      |                 |
| TOTAL  |                                 |                             |                      |                 |
| G. Consultants/Contraction Regulations are follows:                                      |                                 | plicant's formal, written F | Procurement Policy   | or the Federal  |
| <b>Consultant Fees</b> : For each con and estimated time on the proje approval from OJP. |                                 |                             |                      |                 |
| Name of Consultant   | <b>Service Provided</b>         | Computation                 | Federal              | Match           |
| Subtotal  Consultant Expenses: List all 6  |                                 | grant to the individual cor | nsultants in additio | n to their fees |
| (i.e., travel, meals, lodging, etc. <b>Item Location</b>                                 | .)<br><b>Computation</b>        |                             | Federal              | Match           |
| Subtotal  Contracts: Provide a descriptio  |                                 |                             |                      |                 |
| Applicants are encouraged to provided for sole source contra                             | 1 1                             | ition in awarding contract  | ts. A separate justi | fication must b |
| Item   |                                 |                             | Federal              | Match           |
| Subtotal   |                                 |                             |                      |                 |
| TOTAL  |                                 |                             |                      |                 |

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| ГОТАL   |             |  |   |
|---|-------------|--|---|
| <u>Description</u>  | Computation | Federal  | <u>Match</u>                                |
| copy of the rate approva<br>approved rate, one can be<br>documentation and appropriate to the control of the control | _           | must be attached. If the applicant do ognizant Federal agency, which will if the applicant's accounting system | es not have a<br>review all<br>permits, cos |
| ГОТАL   |             |  |   |
| <u>Description</u>  | Computation | Federal  | <u>Match</u>                                |

**Budget Summary**- When you have completed the budget worksheet, transfer the totals for each category to the spaces below. Compute the total direct costs and the total project costs. Indicate the amount of Federal requested and the amount of non-Federal (match) funds that will support the project.

| <b>Budget Category Amount</b> | Federal | Match |
|-------------------------------|---------|-------|
| A. Personnel                  |         |       |
| B. Fringe Benefits            |         |       |
| C. Travel                     |         |       |
| D. Equipment                  |         |       |
| E. Supplies                   |         |       |
| F. Construction               |         |       |
| G. Consultants/Contracts      |         |       |
| H. Other                      |         |       |
| <b>Total Direct Costs</b>     |         |       |
| I. Indirect Costs             |         |       |
| TOTAL PROJECT COSTS           |         |       |
| Federal Request               |         |       |
| Non-Federal Match Amount      |         |       |

### **New Hampshire Department of Justice**

**BUDGET NARRATIVE**: (10 Points)